

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Solum M</i>		<i>06-28-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>ATB</i>	<i>JC-916</i>	<i>07-18-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	7/24/02 12/24/02 3/25/03
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34	✓
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Claim	Date
Final Original	7/24/02 12/24/02 3/25/03
51	✓
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73	N
74	✓
75	✓
76	✓
77	✓
78	N
79	N
80	N
81	N
82	✓
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92	✓
93	N
94	N
95	N
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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